



Dear Friends,

Chapter by chapter the FMS story continues to play out—both at the national level and on the personal level. On the one hand, the recovered memory fad appears in some ways to be waning; but on the other hand, too many professionals still doggedly persist in believing the accuracy and reliability of recovered memories without seeking external corroboration. Since the roots that shape these beliefs are deep and strong, a revival of the false memory crisis cannot be dismissed.

The crisis was at its height when the Foundation was formed in 1992. There were no serious organized challenges to the constellation of erroneous beliefs associated with the recovered memories: sexual trauma is often repressed; therapists know how to recover repressed memories of abuse; there are specific behaviors (over 700 hundred) that are signs of past abuse; denial is proof of guilt; and patients must to cut off from all who refuse to validate their new-found memories.

While those notions have now been addressed, more work has to be done on the last. It is the cutting off that has been most painful and frustrating to the families.

Until members of families talk to each other in a mature and respectful manner, they cannot reconcile. Most families were torn apart through the influence of external forces, and families report to us that a variety of external forces served a role in bringing them back together. Sometimes those forces are books or media events. Very often the forces are people and what they say.

For example, we reported some time ago about the person who returned to her family when she was told by a professional that "You will never be all that you can until you resolve things with your family."

This past month, we received a letter from a mother who told us that her daughter returned to the family because of what she heard at an Al-anon meeting. "There," she told her mother, "nobody gave advice except to tell you it doesn't matter what all has been done to you, or what your situation is. Your job is not to find whom to blame, but to decide what you can do about what is happening around you." The

daughter said this emphasis on personal responsibility and taking charge of her own attitudes and actions was what brought her around to seeing that blaming her parents was not helpful for her own healing. The mother wrote that some time later her daughter began wondering whether she even had anything to blame her parents for.

On page 17 is a letter from another mother who writes about the things that she did to try to keep communication open. But in her opinion, a key factor in that successful situation was the accusing daughter's mother-in-law (not accused) who worked to bring the family together.

Not all families are lucky enough to have a caring in-law or a concerned sibling acting as an agent of reconciliation. Not all accusers are lucky enough to join a group or read a book that has a positive influence and motivates them toward reconciliation. Much of this is chance.

It seems obvious that if more professionals tried to dispel some of the erroneous notions associated with recovered memories, and if more clinicians advised their patients to maintain family ties or to re-connect with family, these actions would have a dramatic impact. And if the professional organizations were to address the topic of family reconciliation directly, they would surely hasten the end of the tragic legacy of the recovered memory movement. What could possibly be the reason for not encouraging people to talk to each other as a way to solve their differences?

Debbie David, a retractor from California, has written a moving tribute to Rudy Laubscher, an accused father who died last month before there was any contact from his children. (See page 15) No one worked harder than Rudy to try to establish some sort of contact with his accusing daughter, a medical doctor. He sent post cards, he sent family pictures.

In this Issue...

Feld	3
McKelvey	5
Legal Corner	7
David	15
From Our Readers.....	13
Bulletin Board	18
next issue will be combined July/August	

he sent news of what was taking place, but to no avail.

We have not written about it much, but notices of death have become a regular part of our mail. Maybe we did not write about it because it is so sad and tears do not mix well with computers, maybe because the topic is so emotionally wrenching. But we know very well that death before family reconciliation is an intimate concern and experience of most FMS families.

It is almost certain that we will see the deaths of many more parents before reconciliation has had even a chance to begin. After years of torment, the parents will, we hope, have peace; for the accusers, however, the torment is likely just beginning. Their opportunity to make amends is gone forever: death is final. When people in their 70s and 80s are targeted for the kind of prejudice that accompanies an accusation of sexual abuse, it is a certainty that many will die before the accusation is resolved unless there is active, forceful help.

What was missing for Rudy, just as it is missing for thousands of other families, is some professional or family member or friend who might have intervened with a reminder of simple common sense and good manners. Blaming others is not a mature way to solve problems. Making an accusation and then running away and hiding is not a mature way to address problems.

The Foundation has worked to educate professionals, the media and the public about recovered memories in the belief that there would then be more people in our society who understood the situation. If families could not talk directly to their children, then articles, television shows and books might provide the needed information about memory to inspire some critical thinking. That has worked for many families, but obviously not for enough.

We need to redouble our educational efforts and our requests for help with reconciliation. If your own family situation is resolved, you may now be in an excellent position

to educate others and thus help families in need. Time is of the essence. Distributing the new "Recovered Memories: Are They Reliable?" pamphlet is a good way to educate. In fact, some of the groups to whom you have given these pamphlets in the past few months have since contacted the Foundation themselves and asked for more. Information can build on itself. This is something in which every member of the Foundation can participate. In so doing we help others while also helping ourselves.

Pamela

FREE

"Recovered Memories: Are They Reliable?"
Call or write the FMS Foundation for pamphlets.
Be sure to include your address and
the number of pamphlets you need.



"The diagnosis of child sexual abuse offered to a physician solely or primarily on the basis of projective tests, art therapy products, or sand play should lead the physician to suspect that the person proffering the opinion is ignorant of the clinical and scientific literature, biased, or practicing out of their field of competence. An appeal to the person's experience in interpreting such material should confirm the suspicion."

Richard D. Wetzel, Ph.D.
p 36 Assessment and Evaluation
Mosby's Neurology Psychiatry Access Series, 1996
Washington University Adult Psychiatry
Samuel B. Guze, MD, Editor
Ronald B David, MD, Series Editor



News Flash May 25, 1999

Joel Hungerford has settled his lawsuit against his daughter's therapist, Susan L. Jones of Chevy Chase, MD. The settlement amount was the maximum limit allowed by Jones's insurance. Full details in the next issue.



HAVE YOU WRITTEN YET TO ASK THAT STRONGER STANDS BE TAKEN ?

American Psychiatric Association
Steven Mirin, M.D., Executive Director
1400 K Street NW, Washington, DC 20005

American Psychological Association
Raymond Fowler, Ph.D., Chief Executive Officer
750 1st St. NE, Washington, DC 20002

National Association of Social Workers
Josephine Nieves, Ph.D., Executive Director
750 1st St NE
Washington, DC 20002

special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Janet Fetkewicz, Howard Fishman, Peter Freyd. *Research:* Michele Gregg, Anita Lipton. *Columnists:* August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

THOUGHTS ON THE FALSE MEMORY CRISIS

Allen Feld

No societal or individual crisis remains static; rather, crises seem to develop a natural fluidity. I recall a professor saying a while back something like: "People can't stay in crisis." If families reading this would review the ebb and flow of their own situation, they can attest to what extent, if any, that professor's thinking applies to their experience.

Crises by their very nature cause pain, and when a crisis first surfaces the shock may often seem to partially or temporarily immobilize those who are facing it. But that shock and the crisis itself may also simultaneously create the stimulus and become the source of a call for action. This seems somewhat like the conditions that led to the creation of the False Memory Syndrome Foundation. Some families who knew they were falsely accused of incest by adult offspring joined with researchers, therapists and academics to create the FMSF. The professionals, coupling their life-long research, scientific knowledge of memory, recognition of the powerful influence of therapeutic suggestibility, and the misuse and misunderstanding of hypnotic-like techniques in therapy with their strong sense of decency and social justice, displayed the courage to confront this exploding societal problem. FMSF had the makings of a dynamic coalition--researchers, academics, therapists, authors and affected families. The originating group came together and merged their professional expertise with the personal interests of families.

At this time, the conditions seemed ripe for this crisis to grow. A very legitimate problem of child abuse was becoming increasingly public; domestic violence was no longer hidden and was recognized as being without boundaries of class, economics, race, political affiliation or religion; our society seemed to embrace the notion that therapists could determine causa-

tion of personal problems, and that all problems can be "fixed"; courts had become more accepted as a mechanism to address personal grievances; the women's movement had sensitized society to what some describe as the historical maltreatment of women as a group. State legislatures and the federal government, slowly at first, began to address some of these over-lapping concerns.

The societal crisis was marked by a series of successful lawsuits by adults against their parents. The allegations typically stated that these adults were sexually abused as children, but only recently became aware of the abuse. There were also some successful criminal prosecutions based on what became known as "recovered memories."

The abating of this particular societal crisis might be directly related to the significant number of books and journal articles that more accurately described how memory works and that questioned the scientific validity of repression and the treatment methods. Also of importance were the more recent outcomes in litigation, the dramatic drop in new lawsuits that parents were required to defend, and a series of appellate decisions and positive results by retractors against their former therapists.

The changes in personal crises may be harder to depict than societal crises, because they vary from family to family. For some, it might have been a retraction and family reunification of some sort; for others, it might have been reunification without a retraction; for many, it was a decision to move on with their lives; for some, a decision to go public or become active; for others, a thanks to FMSF, saying their reconciliation or their ability to live with the accusations could not have happened without FMSF; still others combined their appreciation notes with a request to be removed from the roles so that they could forget (Newsletter readers might have seen letters like this in previous

issues.) A very few have said they lost hope in reunification and some even said that they did not need, did not want or would not accept a retraction or reunification. There are no doubt other factors, and often a combination of these exist. I believe most families have learned to live with the severe family disruption created by false accusations. They seem to embody the belief that they will not "wallow" in things they can not control. This does not mean they are necessarily satisfied with the situation, but they report pleasure and happiness in other important aspects of their lives.

The societal crisis is obviously abating. I conclude that personal crises are also on the wane. For me, how the false accusations have been handled by so many is evidence of the remarkable resiliency of FMSF families.

Allen Feld is Director of Continuing Education for the FMS Foundation. He has retired from the faculty of the School of Social Work at Marywood University in Pennsylvania.

MAKING OF AN ILLNESS My Experience With Multiple Personality Disorder

by Gail Macdonald
Laurentian University Press,
935 Ramsey Lake Road
SUDBURY, ON, P3E 2C6
Phone: (705) 675-1151

April 1999

ISBN # 0-88667-045-4 129 pages \$9.95

In the early 90s, the Ontario Government sponsored the training of therapists in recognizing and treating "multiple personality disorder" (MPD). The number of therapists estimated to be trained varies widely, from several hundred to a couple of thousand. One of the trainees was a social worker from California, who hung his shingle in a small Ontario town. Gail, a recovering drug and alcohol addict, had been his client before he took his MPD training, and she was well on her way to regaining her long-lost self-esteem. After the indoctrination in spotting MPD, her therapist's modus operandi drastically changed. Soon after, most of his clients started to exhibit signs of MPD.

Trying to Save a Sinking Ship

FMSF Staff

A deluge of new books has come to our attention; so many, in fact, that it has become hard to find the time to read them all. Two recent books, written from a perspective different from that of the Foundation, merit brief discussion because they represent a trend that we've observed in how false memory syndrome is now being addressed, particularly by those who are desperately trying to keep the Freudian ethos afloat.

I Never Told Anyone This Before, Managing the Initial Disclosure of Sexual Abuse Re-Collections, by Janice Gasker, D.S.W., (Haworth Press, 1999) focuses on the initial disclosure of abuse in therapy. Gasker defines "re-collections" as "constructed accounts of personal experiences."

She addresses the false memory syndrome issue right from the start, agreeing that current cognitive science literature supports the potential for developing false memories. She also reports on Loftus' "misinformation effect," and studies showing the effect of suggestion on implanting false memories. Lest you think that this book takes a more scientific approach to recovered memories, the following quote appears on page 4: "Note that the historical accuracy of traumatic memories is all but irrelevant here."

Many of her sources are dated, given the recent studies done on memory. She uses the work of Freud to claim that traumatic memories are historically accurate and able to be retrieved in psychoanalytically-oriented therapy. She reports on a first-time disclosure in the group setting, but the group was a group for survivors of sexual abuse and no mention was made of the possibility of contagion.

Gasker stresses the importance of validating a client's re-collections of trauma, and of not investigating. No mention was made of reactions other than validating or investigating that a

therapist might utilize. But on the positive side, she is concerned about the possibility of implanting memories and the potential for false memory syndrome. Perhaps most encouraging is her view that a therapist who supports a client's estrangement from family members does so at the client's peril.

Breaking the Silence by Judith A. Margolin, Psy.D., (Haworth Press, 1999) describes a concise step-by-step 15-week therapy program for survivors of childhood sexual abuse. Margolin believes that participation in group therapy is essential in any treatment program for trauma victims. She uses guided imagery exercises to enable the client "to create a safe place in his/her mind, in which he/she can then more easily explore traumatic memories." But guided imagery is a suggestive technique with the potential for creating false memories. She also espouses the idea that emotions related to trauma may occur through a different memory, which she says may explain body memories and flashbacks. She presents nothing in the way of reputable research to support this hypothesis. She too cites dated studies, and includes quotes from Bass and Davis in *The Courage to Heal* (1988).

Session # 8 (of 15) consists of "Processing of Memories," and it is here that Margolin discusses the controversy over recalled memories. She quotes Loftus, as well as Pope & Brown and Ross on the reconstructive nature of memory, but also states that memories of emotional events have been described as accurate, detailed and without error. She notes in a non-political way that implanting false memories has been a concern since the founding of the False Memory Syndrome Foundation. But she uses sources antagonistic to the Foundation to support her contention that memories of trauma are less susceptible to suggestion and therefore more reliable. She does mention that multisource

corroboration, videotaping and mirroring what the client has stated as techniques that are useful to avoid suggestion.

But also mentioned are techniques for retrieving memories, techniques that are known to produce inaccurate memories. What it ultimately comes down to, Margolin says, is that disbelieving a client may cause continued harm. Again, no mention was made of options other than belief or disbelief.

It is certainly refreshing to see that many of the new professional books on the treatment of victims of sexual abuse now mention false memory syndrome and issue caveats about the creation of false memories. Indeed, even though many erroneous beliefs still prevail, there now seems to be general agreement that memory is reconstructive, and as such, prone to historical inaccuracy.

We do not wish to seem overly cynical, but it seems evident that reason has not overcome intuition in the minds of these authors. It seems as though they are trying to coopt legitimate science to support their unscientific theories.

VALIDATION: IS IT GOOD COUNSELING?

Allen Feld

Because of our society's history of ignoring child abuse, there is legitimate concern that those who have experienced abuse would not be believed. Many argue that disbelieving a client who truly has been abused is comparable to reabusing the client. This may be.

I'll set aside what I believe is a substantive theoretical counseling concern inherent in the call for validation. Some may even challenge if "validating" is an appropriate counseling activity, if it is consistent with acceptable counseling theory and even if it is beneficial to clients. BE CAREFUL! Don't leap to the wrong conclusions. This skepticism definitely does not

mean that counselors should invalidate the experience or that expressing belief in the abuse story should never be communicated. Unfortunately, some counselors frequently seem to reach those kinds of conclusions that may serve their political interest.

Believing that a client has been abused has become enmeshed and confused with a notion of "validating" the abuse experience and, at times, the client. Often the many therapists and authors who write and speak about "validating" fail to define what they mean by "validating." The reader is left with the impression that "validating" is equivalent to believing.

New beliefs of abuse, the focus of this essay, present another troubling aspect of "validating." If "validating" and believing are used interchangeably, even if only by the client, a reasonable conclusion seems to be that a client might be placed at greater long-term risk by a premature and inaccurate belief (or, validation) expressed by a therapist than by a neutral counseling posture. Without corroboration, the therapist or the client cannot know if that new belief is historically accurate. Verification can be seen as reality testing—a practice often used by therapists. Allowing a client to hear that a therapist believes the abuse actually happened, when there is no verification, may harden the client's belief and create a false reality. What then is the potential harm to the client?

Finally, life seems to have conditioned many of us to presuming questions have only "yes" or "no" answers. What about: "I don't know." or "Let's try to find out." or, "It may be!" There are numerous other possibilities. So too are there alternatives to "validating" or "not validating." Counselors should be expected to recognize this.

As a student, I was exposed to a concept that may be relevant—"acceptance." It was used in a neutral fashion. Among other things, to me the notion of acceptance incorporated the fact that

a therapist would never know the veracity of a client's situation merely from interviewing the client. Neither was the therapist required nor expected to sit in judgment of the client or her story. Acceptance didn't have to do with "belief" or "disbelief;" condemning or condoning were eschewed; it placed an expectation on the therapist to avoid, if at all possible, value judgments. It may be time to revert to that concept, regardless of the term that is used.



Madness on the Couch: Blaming the Victim in the Heyday of Psychoanalysis

By Edward Dolnick
Simon & Schuster, 1998, \$25
Reviewer: Robert McKelvey

"Never in the history of science has someone who was so wrong become so influential," writes Michael Shermer. "It never ceases to amaze me."

Shermer, editor of *Skeptical Magazine*, lecturer and author, was describing Sigmund Freud and his impact on the entire field of mental health treatment in the 20th Century. In *Madness on the Couch*, Edward Dolnick agrees that the influence of Freud and his disciples was amazing—and wholly undeserved.

Using his skills as a journalist and researcher, Dolnick strips away the mystery of Freud's magic. He assesses the record of psychoanalysis in treating mental illness, and answers the nagging question: How did Freud convince millions that he and his followers were mighty scientific hunters armed with the ability to prowl the jungles of the subconscious in search of the cure for mental illness?

To Dolnick the answer is fairly

straightforward: Freud was the right man at the right time.

The author explains that biological explanations of mental disorders prevailed among psychiatrists for scores of years, well into the 20th Century, without producing any hoped-for results. By the early 20th Century, Americans were ready for a new approach. They got it from psychoanalysts. These Freudian disciples (the master died in 1939) rushed forward to declare that mental illness was the result of bad behavior, not bad genes (nurture, not nature). And they could cure these illnesses with their brand of talk therapy.

Dolnick devotes much of his book to describing Freudian attempts to cure three disorders: schizophrenia, autism, and obsessive-compulsive behavior. In all three areas the proponents of talk therapy blamed parents in general and mothers in particular for the mental aberrations of their sons and daughters. "It is the subtly dominating mother who appears to be particularly dangerous to the child," trumpeted one prominent Freudian analyst. Others denounced mothers as "guileful and potentially deceitful," "Machiavellian," and "self-indulgent."

Such egregious parent-bashing filled the pages of 75 psychiatric papers written between the late 1940s and the early 1970s. During that period, only one psychiatrist had the temerity to cast any doubt on the widely-held notion that Moms cause schizophrenia in their offspring. How wrong can well-educated people be?

What brought this sorry chapter in the history of mental treatment to a close was not second thoughts on the part of the believers in talk therapy—Saul did not turn into Paul. It ended only after the introduction of new drug treatments (20 million patients now take Prozac), and a few well-placed lawsuits. The pendulum, writes Dolnick, has swung back. Today, he says, most psychiatrists believe mental ill-

nesses are caused by biological factors, not emotional ones. Once again, nature reigns over nurture.

Dolnick saves his most persuasive argument for his concluding chapter, in which he raises the question: Where did the psychoanalysts and other Freudian followers go astray? His answer: in medicine and science.

"It's the easiest thing in the world to come up with an hypothesis," explains psychiatrist Donald Klein. "Any fool can do it. The question is whether there's any evidence to substantiate it."

Richard Feynman, one of the most brilliant physicists of the modern era, offered a simple principle:

"The test of all knowledge is experiment."

Freudians paid no heed. After all they had their grand hypothesis—and damn the nay-sayers.

They also had their hubris. And it was this arrogant belief in their own infallibility that brought their world tumbling down.

Take the example of Bonnie Burke, whose physical condition slowly disintegrated until she could no longer walk. During this 12-year span, her analyst treated her for "hysterical neurosis." When she no longer could even keep her eyelids from drooping, Ms. Burke sought the aid of an eye doctor. At once he suspected myasthenia gravis. A visit to a specialist confirmed it. He treated Ms. Burke with a drug called Tensilon, which relieved her symptoms and restored her to a normal life. "It was like a miracle," said the patient.

Ms. Burke's psychiatrist had scorned the scientific method and relied on his interpretive therapy. His patient had paid a painful price for his arrogance.

Although Dolnick doubts that psychology ever again could take over the mental health field unchallenged, he expresses the belief that biology and

psychology can somehow team up for the betterment of medicine.

Many of us who came to grief through repressed memory theory are less sanguine. Although vanquished in the field of mental illness, where medication carried the day, talk therapists continue to thrive in the treatment of the "worried well." Having lost the head-on battle in one area, these latter-day Freudian warriors simply switched to using guerilla war tactics in the less well-defined redoubts of emotional illnesses. Here they still wage campaigns to unearth repressed memories, multiple personalities, and satanic ritual abuse. In so doing, they violate the first rule of medicine: Do no harm.

Many of us applaud Dolnick and others for stripping Emperor Freud of his theoretical robes—Oedipus and castration complexes, penis envy, female hysteria, masturbation dangers, dream interpretation, and seduction theory.

Still, the old boy may have been right about one thing. While discussing Dr. Freud the other day, I inadvertently called him Dr. Fraud. For sure a Freudian slip.

Robert McKelvey was a reporter for the Detroit Free Press for 21 years and Book Editor for 4 years. He also worked for 9 years at the Detroit News and for 3 at the Toledo Blade.



ARTICLE REVIEW

The Bankruptcy of the Argument "It's in the DSM-IV"

Campbell, Terence W. "Challenging the Evidentiary Reliability of DSM-IV." *American Journal of Forensic Psychology*. 17-1, 47-67.

Terry Campbell uses his forensic and clinical experience, knowledge of the research, analytical skills and strong commitment to ethical practice to detail the legal deficiencies of DSM-IV. He delineates the lack of scientific support for the DSM-IV and explains why it fails to meet the

required legal standard for expert testimony established by the Daubert decision. He concludes his well-reasoned treatise with a 98-question strategy for attorneys to consider using in cross-examining mental health professionals who invoke DSM-IV to support their expert testimony.

Campbell summarizes the scientific shortcomings by calling the readers' attention to several important facts: interrater reliability is not found in DSM-IV; diagnoses rely heavily on clinical judgment (which is often shown to be subjective); the accelerated rate with which the American Psychiatric Association has updated DSM manuals and increased the number of diagnoses; the DSM-IV's very own words that the manual "provides no adequate definition of mental disorder." The brief discussion of research showing the speed with which clinicians make diagnoses and the inaccuracies that persist make for additional interesting reading.

Campbell's principled discourse calls for forensic psychologists to meet their ethical obligation to the courts by identifying the severe forensic limitations of the DSM-IV. It may seem appropriate to question whether the DSM-IV might have similar clinical limitations. □

Therapy's Delusions: The Myth of the Unconscious and the Exploitation of Today's Walking Worried.

Ethan Watters and Richard Ofshe
Scribner 1999 ISBN 0-684-83584-3
287 pages \$25.00 hardback

This new book by the authors of "Making Monsters" reveals how talk therapy has masqueraded as a scientific discipline. It is a powerful call for reforming the mental health profession.

See:

www.chordate.com/therapys_delusions/index.html

Malpractice Suits Claiming Suggestion of False Memories

The FMS Foundation is aware of 158 malpractice lawsuits filed by individuals who say their former treating therapist(s) encouraged, suggested, and/or reinforced false images of childhood sexual abuse.^[1] Seventy-six of these cases were settled out of court. Twelve went to trial with 9 ending in a verdict in favor of the plaintiff and 3 ending in defense verdicts. Two were dropped by the plaintiff and three were dismissed by the trial court. Sixty-five suits are still open and pending. Some of the cases which were resolved recently are reported below.

1. An additional 72 individuals have informed the FMSF that they were consulting attorneys about a possible cause of action against their former therapists for improperly using suggestive techniques leading to the implantation of false memories.



State Pays to Settle Malpractice Suit Against Wisconsin Psychologist Burgess v. Western World Insurance Co., Inc., Burgoyne, River Valley Psychological Services, Circuit Ct., Pierce Co., Wisconsin, No. 97-CV-202.^[2]

The State of Wisconsin has paid \$650,000 to settle a lawsuit against a psychologist who treated three former University of Wisconsin-River Falls undergraduate students at the university counseling center and falsely led them to believe they were victims of "unremembered" sexual abuse. The company that insured Karen Burgoyne, the defendant psychologist, also paid to settle the case. The full amount of the settlement is confidential.

Between 1992 and 1996, Burgoyne provided therapy through her own private practice and at the university counseling center to the students. The complaint alleges that Burgoyne encouraged the three young women to believe falsely they were victims of sexual abuse and told them to cut ties with their families. The suit also says Burgoyne told others, either in writing or orally, that one of the women's father had physically and sexually abused his daughter. The father is also named as plaintiff in the suit. The complaint, filed in May 1998, states that Burgoyne misdiagnosed MPD in two of the college students.

The case settled within a week of the scheduled beginning of trial on April 4th. In documents filed with the court, Burgoyne has denied the allegations. Attorney for the plaintiffs, James Kroner, of La Crosse Wisconsin, said that his clients are satisfied with their settlement. The plaintiffs are also represented by R. Christopher Barden.

2. See FMSF Brief Bank #215; Wiff, J. (2/4/99) "Malpractice suit settled; 8-week jury trial cancelled," *River Falls Journal*, A-13.



Nine Malpractice Lawsuits Filed in Pennsylvania Against Genesis Associates Are Settled^[3]

On April 5, nine civil lawsuits against Genesis Associates, a controversial therapy center, and its two founders, psychologist Patricia Mansmann and social worker Patricia Neuhausel, settled out of court. According to court records, the accusations against Genesis Associates and therapists practicing there ranged from medical malpractice to personal injuries. The former Genesis clients claimed they were ordered to break ties with family and friends, and that they were encouraged to recall sexual abuse or abusive satanic rituals that had never happened.^[4]

One of the nine cases, brought by Carol and Martin Ritter and their young daughter had been scheduled to begin April 5.^[5] The other cases were scheduled to follow. The former patients of Genesis were represented by Rodger Mutzel and Joseph Rizzo. According to the *Philadelphia Inquirer*, at least five other malpractice claims against Genesis Assoc., Mansmann, and Neuhausel had been settled earlier.

The State of Pennsylvania recently reopened its investigation of the practices at Genesis and will seek to revoke permanently the licenses of Mansmann and Neuhausel. An earlier investigation ended when the state Bureau of Professional and Occupational Affairs temporarily suspended the professional licenses of Mansmann and Neuhausel in 1996, although state records indicate both continued practicing after their licenses were suspended.

3. The cases which settled were all filed in Chester County, Court of Common Pleas, Pennsylvania: Byers v. Genesis Assoc., et al. No. 94-02-024; Good v. Genesis Assoc., et al. No. 94-08-283; Holmes v. Genesis Assoc., et al. No. 95-02-128; Johnson v. Genesis Assoc., et al. No. 94-02-784; Kelly v. Genesis Assoc., et al. No. 94-08-285; Mayer v. Genesis Assoc., et al. No. 95-03-093; Ritter v. Genesis Assoc., et al. No. 94-00-246; Stinger v. Genesis Assoc., et al. No. 94-08-623; Fulginiti v. Genesis Assoc., et al. No. 94-00-96; Alton v. Genesis Assoc. et al. Phila Co. Ct. of Common Pleas, Penn. No. 000159. See also, Lu, A. (4/9/99) "Therapy lawsuits settled," *The Philadelphia Inquirer*, B-3.

4. A similar experience is described in an article which appeared in the May 1999 issue of *Mademoiselle*, page 202.

5. The Complaint filed by the Ritters alleged that the advice received at Genesis led them to the brink of divorce and caused Mrs. Ritter to leave her husband and young child because she was encouraged to believe her husband and daughter were "toxic" people.



Malpractice Suit against Pennsylvania Psychiatrist Settles Bartha v. Hicks, and Friends Hospital, Philadelphia Co., Ct of Common Pleas, Penn., No. 1179^[6]

A malpractice suit filed in September 1994 against a prominent Philadelphia psychiatrist and hospital has been settled. As the case went to trial and the jury was being selected in October 1997, the parties agreed to a monetary settlement. However, even after the parties agreed to resolve

the case out of court, discussion continued over what portions of her experience the plaintiff might be allowed to disclose. It was well over a year after the initial agreement that the settlement was completely finalized.

Plaintiff Jeanette Bartha claimed her former psychiatrist Richard Hicks implanted false memories after prescribing medications that would be expected to increase her tendency toward suggestion, coercion and manipulation. Despite evidence to the contrary, Hicks diagnosed the plaintiff as suffering from MPD and failed to recognize that the course of treatment that actively encouraged the recovery of memories was making Bartha worse. In addition, the complaint states that Hicks failed to advise Bartha that the use of sodium amytal and hypnosis to elicit memories is well known to be unreliable and capable of causing false beliefs in memories of events which never occurred. Eventually, as a result of this treatment, Ms. Bartha came to believe she had been involved in a ritualistic cult as a child, and had engaged in murder and cannibalism. Defendant Hicks was charged with failure to corroborate or verify these serious allegations despite the fact that by Hick's own admission, a therapist has a responsibility to seek corroboration.

The plaintiff was represented by Richard Shapiro of Philadelphia.

6. See FMSF Brief Bank #171.



Illinois False Memory Malpractice Suit Continues **Manning v. Crockett**, 1999 U.S. Dist. LEXIS 1304, 1/28/99

In January 1999, a U.S. District Court in Illinois denied a defense request to dismiss a malpractice claim against a psychologist. Margaret Manning claims that her former psychologist, David Crockett, wrongfully convinced her that satanic ritualists had brain-washed, abused, raped and impregnated her, and that she had participated in this treatment. She says that Crockett diagnosed her with MPD stemming from supposed satanic ritual abuse, but failed to advise her of the division within the mental health community regarding the existence of multiple personality disorders and the ongoing controversy regarding the existence of organized satanic cults. She also claims that, after Crockett treated her with hypnotherapy, she occasionally awoke nude and self-mutilated.

Manning says her therapist held himself out to the public as an expert in psychotherapy, psychoanalysis, hypnosis, hypnotherapy, and cult programming, with an emphasis on multiple personality disorder and survivors of supposed satanic ritual abuse. The defense contends that Manning's descriptions of their sessions are inaccurate and that he never diagnosed her as suffering from MPD or satanic ritual abuse.



Psychiatric Hospital Fraud Investigations Continue

In recent months after the end of a Federal criminal trial against therapists and an administrator working at a Texas hospital,⁷ we have seen an increase in the number of investigations of other psychiatric hospitals for evidence of possible fraud. Many of our readers saw the CBS 60 Minutes II broadcast of an investigative report called "Unsafe Haven" (April 21, 1999) which showed unsafe conditions, injuries, and cover-ups in one of a chain of psychiatric hospitals operated by Charter Behavioral Health Systems. A hidden camera showed how teenaged patients were restrained and medicated, and how records were falsified at a hospital that charged more than \$1,000 a day. Half of the hospital's revenues came from public moneys.

Sixty-seven former patients of Tucson Psychiatric Institute recently sued that hospital for fraud and false imprisonment.⁸ They say their institutionalization was unnecessary and that the hospital used them for insurance money and treated them more like inmates than patients. Thirty-seven of the patients were treated when they were teenagers; one was hospitalized at age 7. The former patients say they were encouraged to take drugs and were restrained against their will. All were released when their insurance coverage ran out.

The patients were treated at two facilities in the Tucson area that were owned and operated by the National Medical Enterprises, Inc. (NME). No trial date has been set yet. The plaintiffs are represented by attorney Paul Friedman of Phoenix.

NME faced federal fraud charges filed against hospitals it operated in other states. In 1994, NME was fined \$379 million after pleading guilty to paying kickbacks and bribes to doctors in exchange for a promise by the government not to prosecute NME. After the plea bargain was negotiated, more than 200 civil actions were filed on behalf of former patients.⁹ They claimed the criminal investigation uncovered a nationwide fraudulent conspiracy to extract maximum insurance benefits from patients without regard for their treatment needs.

According to the Washington Post, 17 NME employees in several states were ultimately charged with crimes and in 1997, 4 years after the first indictment was made, some hospital administrators and psychiatrists were convicted of fraud and sentenced.

In 1997 NME paid out an additional \$100 million in civil payments to former patients in Texas who said they were illegally kept in NME mental hospitals during the 1980's for their insurance benefits.¹⁰

7. *United States of America v. Peterson, et al.*, U.S. Dist. Ct., Southern Dist., Texas, No. H-97-237. On Febr. 9, 1999, as the trial entered its sixth month, a mistrial was declared when only 11 jurors remained to decide the case. Since then some defendants have moved for reimbursement of their legal fees. The defendants were charged with using "mind-

control" techniques as part of a conspiracy to prolong patients' treatment so they could milk generous insurance policies.

8. Nunez v. Tucson Psychiatric Institute, Pima Co. Superior Ct., Arizona, No. 326378.

9. See, Morton, et al v. National Medical Enterprises, 725 A.2d 462 (D.C. App., Feb. 11, 1999). Affirmed dismissal on statute of limitations grounds.

10. According to a 8/20/97 report "Tenet pays \$100 million to settle claims levied by psychiatric patients," *Mealey's Litigation Reports: Managed Care*, 1:16, "The suit further accused NME of keeping patients in overcrowded facilities where they suffered abuse and were forbidden contact with the outside world. Patients' requests to leave NME hospitals were either ignored or met with threats that they would be transferred to a state mental institution, the plaintiffs allege. Parents who tried to remove their children from the hospitals were threatened that they would be turned in to child welfare agencies."

Case Involving Maryland Psychiatric Hospital Resolved Shortly Before Trial was to Begin

Doe v. Psychiatric Hospital, Circuit Ct., Baltimore City, Maryland, No. ____.

A suit filed by a former patient on a psychiatric trauma unit in a prominent Maryland hospital was resolved early in May 1999 shortly before the case was scheduled to go to trial. The claim stated that the patient did not receive prompt medical treatment after she slipped and fell in the psychiatric unit because her physical injury was misinterpreted as related to her psychiatric diagnosis. The terms of the resolution are confidential.

The plaintiff is represented by attorney Stephen Markey of Baltimore.

Malpractice Suits Filed Recently in Other Countries: A Bi-product of the Exportation of Repressed Memory Therapy

Scotland: A father and his daughter, now 28, are preparing a suit against the Scottish National Healthcare Trust and two social work departments in Scotland for personal injury, defamation, and negligence because of the repressed memory therapy the daughter received.^[11] Reports of their action say that this suit will be the first of its kind in Scotland and has already raised serious questions about repressed memory therapy and when and on what grounds patient confidentiality might be overridden.

Australia: On April 28, a Sydney Australia couple filed a suit against the government, police, a psychologist, and the department of community services they say laid criminal charges of sexual abuse against them without conducting a proper investigation.^[12] In 1994, the couple, who cannot be named, were charged with 58 criminal counts after their two oldest teenage daughters told police they had recovered memories that their parents had sexually abused them and had participated in a sadistic pedophile network that drank blood and carried out abortions on its victims.

The case collapsed in 1996 after a magistrate said the daughters' evidence lacked credibility. In the meantime, the couple's children were taken from them, their home was bugged, and the father lost his job. The couple says that police never interviewed the children's neighbors, doctor or teachers and proceeded despite the fact that police knew, or should have known, that the oldest daughter was a cocaine addict whose allegations resulted from repressed memory therapy, an unreliable technique.

11. Brown, A., (3/10/98) "I never want that kind of thing to happen to anyone else," *Daily Mail* (London); Harris, G., (3/9/98) "Father and daughter sue over false memory," *The Times* (London); Nelson, S., (2/25/98) "A test for memories," *The Herald* (Glasgow); O'Shea, S., (10/15/97) "Father vows to clear his name over abuse claim," *The Scotsman*.

12. Guilliat, R. (5/12/99) "Parents sue over 'memory' of abuse," *Sydney Morning Herald*.

Appellate Courts Consider Third-Party Claims Brought by Families Who Say They Have Been Falsely Accused

It is undeniable that serious injury and damage are a direct and foreseeable result when negligent treatment causes a patient to erroneously accept false images of an abusive history as real and true memories. When the therapist's own actions create a special relationship with the accused by encouraging the patient to confront the accused or to take legal action, it can be argued that a duty is owed to the accused third party. When the therapist's actions take the allegations out of the therapy context, for example, when the therapist counsels the patient that the images developing are "the truth," it is argued that the therapist can no longer hide behind the cloak of confidentiality which protects most therapist-patient interactions. Some higher courts have held that under certain circumstances a duty may be owed to a third party.^[13] Other courts have dismissed claims holding that no duty is owed a third party^[14] or that the third-party claim was time-barred.^[15]

13. Althaus v. Cohen, 710 A.2d 1147 (Pa. Super. 1998), cert granted; Hungerford v. Jones, 722 A.2d 478 (N.H., 1998); Sawyer v. Midelfort, 579 N.W.2d 268 (Wisc App 1998), cert granted; Tuman v. Genesis Assoc., 894 F.Supp. 183 (U.S. Dist., 1995); Sullivan v. Cheshier, 846 F.Supp. 654 (U.S. Dist. 1994).

14. Doe v. McKay, 700 N.E.2d 1018 (Ill., 1998); Flanders v. Cooper, 706 A.2d 589 (Me., 1998); J.A.H. v. Wadle and Assoc., 589 N.W.2d 256 (Iowa, 1999); Strom v. C.C., 1997 Minn. App. LEXIS 327, unpublished; Trear v. Sills, 82 Cal. Rptr.2d 281 (Cal.App., 1999).

15. Glasspool v. Seltzer, Superior Court, Appellate Div., New Jersey, No. A-1662-95T5, unpublished; Lundgren v. Eastern Montana Community, 1998 Mont. LEXIS 62.

California Appellate Court Bars Third-Party Suit Trear v. Sills, 82 Cal. Rptr.2d 281 (Cal.App., 1999), 2/16/99

On February 16, a California appeals court affirmed dismissal of a negligence suit brought by a father who claimed he was wrongly accused of sexually abusing his

daughter because his daughter's therapist implanted the idea in her mind. The court held that the professional duty of the therapist does not extend beyond the patient to the patient's parent and that to do so "is to saddle the therapist with a divided loyalty in an inherently adversarial situation."

The court held that simple foreseeability of harm does not establish a duty on the part of the therapist to the parent of an adult patient in the recovered memory context. The court acknowledged that "there is no truth machine which allows one to determine whether the so-called recovered memory of abuse is accurate." (Professional organizations, memory researchers and others have, therefore, called on therapists to avoid using suggestive techniques or communicating unwarranted expectations about the likelihood of recovering accurate images of past abuse.) The court, however, seemed to treat that statement as indicating that only with hindsight can one tell whether the image is true or false because, as it said, "therapy, of course, is not an exact science."

Plaintiff's attorney, Tom Allen, said the defendant therapist "stepped over that line when she adopted the philosophy of repressed memory as being a valid malady without any scientific, analytical, or academic justification for it." A petition for review has been filed with the California Supreme Court.



Iowa Supreme Court Holds Therapist Does Not Owe a Duty to Patient's Child

J.A.H. v. Wadle and Assoc., 589 N.W.2d 256 (Iowa, 1999), dated February 17, 1999.

In February 1999, the Iowa Supreme Court affirmed dismissal of a negligence claim brought by a minor child against his mother's treating psychologist, Anita Jordan. The child claims that the therapy his mother received (including hypnosis and participation in survivor group therapy) caused her to develop false memories. According to court documents, these false memories rendered his mother unable to care for him, diminished his mother's affection for him, and caused the dissolution of his parents' marriage. The suit alleged that the therapist knew that her patient had a minor son who would be foreseeably harmed by any deterioration in his mother's mental status.

The Iowa Supreme Court said that the summary judgment record contained no evidence that the mother had received improper mental health treatment. The defendant therapist submitted in a deposition that when she began the treatment, plaintiff's mother was in the hospital in critical condition because she refused to eat or drink. Shortly afterward, the patient began eating and drinking on her own. The mother corroborated her therapist's testimony that her condition had much improved since the treatment began. The

court assumed that competent adults who voluntarily undergo mental health treatment can decide for themselves whether the treatment is beneficial.

The court accepted—without deciding—the contention that it was foreseeable that the boy would be damaged in the event his mother received improper mental health treatment but rejected the plaintiff's argument that foreseeability is determinative on the question of duty. The court also held that no privity (a therapist-patient relationship) existed between the son and his mother's therapist. The decision included a lengthy discussion of public policy considerations involving therapeutic problems of divided loyalties and maintaining confidentiality and the court quoted extensively from a recent Illinois Supreme Court ruling.¹⁶ The court concluded, "We are convinced these public policy considerations far outweigh any threat of foreseeable harm to non-patient family members. For these reasons we hold as a matter of law there is no duty running from the therapist to these members."

16. Doe v. McKay, 700 N.E.2d 1018 (Ill. 1998).



Wenatchee Update Devereaux v. Wenatchee, 9th Cir. Court of Appeal, Wash.¹⁷

The City of Wenatchee has paid Robert Devereaux \$290,000 to drop his suit for malicious prosecution and wrongful arrest. Devereaux operated a foster home for children when he was charged with sexual abuse. He was one of 43 adults, many of whom were poor and developmentally disabled, who were arrested on 30,000 counts of sexual abuse against 60 children in the town of Wenatchee, Washington in the late 1980s.

In April 1999, the Washington state legislature sent a bill to the governor for signature that would require additional training for those who investigate child sexual abuse. The bill also requires investigators to keep near-verbatim written notes, unless the interviews are recorded electronically.

17. "Sex-ring defendant settles lawsuit," *Seattle Times*, 2/25/99

"I wish I had more time to see this through, to see those from Wenatchee, the innocent people wrongly imprisoned, freed from their cells. There are others who have a responsibility to do something, but who stand silent. Our governor still turns his head. Janet Reno looks the other way. The legislature does a little, but not enough. Wenatchee can happen again in this state unless the citizens and the government voice their outrage."

—Juana Vasquez, a former Washington state social worker, was one of the very few public officials who challenged the sexual abuse charges against Wenatchee families in the 1980's. She was fired from her job because of her stance and last year was awarded \$1.57 million in a civil suit filed against DSHS for wrongful termination and retaliation. Before she died April 29, 1999 at age 48 she said she hoped that good people would not remain silent to injustice.

Bennett Braun Trial Postponed

The trial in a case filed by the Illinois Department of Professional Regulation against prominent psychiatrist Bennett Braun was scheduled to begin May 18, but has been postponed until November 1999. The trials of Braun's colleagues, child psychiatrist Dr. Elva Poznanski and psychologist Roberta Sachs have also been postponed.

According to lead prosecutor Thomas Glasgow, the charges brought by the state are based on the defendants' treatment of the Burgus family.^[18] At a November 1998 pre-trial hearing, Braun filed a motion to have the Burgus family undergo a battery of psychological tests. The judge denied this motion—and the suggestion that if the family members are healthy now, Braun's treatment must have been effective. (The family ceased treatment under Braun in 1992 and have seen other doctors since then.) Glasgow described this motion as nothing more than an attempt to "intimidate and bully" the Burgus family into not testifying.

18. See FMSF Newsletters, Nov. 1997, Dec. 1997, Mar. 1998, Sept. 1998, Nov. 1998, Dec. 1998.



Rhode Island Court Rules that Recovered Memory Testimony is Unreliable Evidence

State of Rhode Island v. Quattrocchi, Superior Ct., Rhode Island, No. P92/3759A, April 26, 1999^[19]

A year after holding an evidentiary hearing to determine whether repressed memory testimony was reliable enough to be admitted at trial, a Rhode Island Superior Court judge ruled that it was not. "The state has not met its burden of establishing that repressed recollection is reliable and admissible as scientific evidence. As a result, expert testimony on the subject is inadmissible," Superior Court Judge Edward C. Clifton wrote.

The evidentiary hearing was conducted after the Rhode Island Supreme Court overturned a criminal conviction based on "repressed memories" of sexual abuse.^[20] The state supreme court held that failure to hold a preliminary hearing, without a jury, to determine whether his accuser's "flashbacks" of abuse were reliable was reversible error.

So last spring the trial court heard testimony from defense witnesses Paul McHugh, M.D., Richard Ofshe, Ph.D., and Elizabeth Loftus, Ph.D. Testifying for the State were Daniel Brown, Ph.D., Patricia Gavin-Reposa, R.N., Barry Wall, M.D., and Paul Appelbaum, M.D.

After hearing 14 days of expert testimony, the court noted that there was strong disagreement among psychologists and psychiatrists over such fundamental questions of "how the process of repression occurs, how the process of retrieval occurs, and indeed if in fact retrieval is possible at all."^[21] The court also noted that a showing that "some degree of reliability of the expert and the methods by which he has arrived at his conclusions" is needed.^[22] Under these

circumstances the court held that the State did not prove "at a minimum, the criteria set forth in *Daubert* and *Quattrocchi*, which includes proving the theory which the expert intends to expound upon has been generally accepted within the relevant scientific community under the Frye standard."^[23]

The *Quattrocchi* decision joined a number of other rulings that have concluded that repressed memory testimony is insufficiently reliable to be admitted at trial. (See Sidebar p. 12) The court concluded that "the phenomenon of repressed recollection has not gained general acceptance in the fields of psychology and psychiatry. Because theories in support of repressed recollection have not gained general acceptance, they are deemed to be unreliable."

19. See FMSF Brief Bank #190.

20. *State v. Quattrocchi*, 681 A.2d 879 (R.I., 1996). In a related ruling two weeks earlier, *Kelly v. Marcantonio*, 678 A.2d 873 (R.I., 1996), the Rhode Island Supreme Court had warned against uncritical acceptance of "repressed memory" testimony from the alleged abuse victim or expert witnesses. The Kelly court held that the reliability of repressed memory theory must be determined prior to extending the statute of limitations.

21. Citing *State v. Hungerford*, 697 A.2d 916 (N.H., 1997).

22. The court cited *U.S. v. Hall*, 974 F.Supp. 1198, 1202 (C.D. Ill. 1997).

23. The court referred to two U.S. Supreme Court rulings that have set forth standards by which the reliability of expert testimony is to be measured: *Daubert v. Merrell Dow Pharm., Inc.*, 509 U.S. 579

"The areas of consensus regarding repressed recollection remain greatly clouded by continuing and overriding division and discrepancy within the applicable fields. The status of dissension within the scientific discipline as to repressed recollection renders potential expert testimony of little assistance..."

Superior Court Justice Edward C. Clifton,
State of Rhode Island v. Quattrocchi, 4/26/99

"If recovered memory testimony is offered into evidence, it must be supported by expert scientific testimony explaining the purported principles of memory repression. Seven national scientific societies in four English-speaking countries have issued position papers on the recovery of repressed memories. Rather than demonstrating general acceptance of the repression principle, these papers demonstrate considerable scientific controversy. Moreover, none of these papers cites a single reliable example of memory repression ever being observed. This implies that the principle of memory repression does not have a scientific foundation strong enough to warrant admitting into court expert testimony on memory repression. This, in turn, implies that neither should testimony by witnesses who claim to have recovered their memories from repression be admitted. If their testimony is uncorroborated it is too unreliable to admit; if their testimony is corroborated, it is unnecessary."

Robert Reagan, (Winter, 1999) "Scientific Consensus on Memory Repression and Recovery," *Rutgers Law Review* 51:2:275-321.

Questioning the Reliability of Repressed Memory Testimony

A growing number of courts have, after reviewing expert testimony and submissions, held that the theory of "repression" is not yet generally accepted as a valid construct; and that no reliable method of determining the accuracy of a particular "repressed memory" claim exists. The following trial courts have held evidentiary hearings to consider the admissibility of the theory of repressed memory and expert testimony derived therefrom and whether it meets standards for admitting scientific evidence under Frye, Daubert or the Federal Rules of Evidence:

Barrett v. Hyldborg, Superior Ct., Buncombe Co., NC, No. 94-CVS-793, ruling dated October 20, 1998 following Barrett v. Hyldborg, 1997 WL 43876 (N.C., 1997).

Carlson v. Humenansky, 2nd Dist., Ramsey Co., Minn., No. CX-93-7260, Dec. 29, 1995.

Doe v. Maskell, Circuit Ct., Baltimore City, MD, No. 9423601/CL18756, May 5, 1995, aff'd Doe v. Maskell, 679 A.2d 1087 (Md., 1996), cert denied 117 S.Ct. 770 (1997).

Engstrom v. Engstrom, Superior Ct., Los Angeles Co, Calif., No. VC016157, Oct. 11, 1995, aff'd Engstrom v. Engstrom, No. B098146 (Cal.App.2nd App. Dist., June 18, 1997) unpublished, cert denied.

Logerquist v. Danforth, Superior Ct., Maricopa Co., Arizona, No. CV 92-16309, June 11, 1998 following Logerquist v. Danforth, 932 P.2d 281 (Ariz. App., 1996)

Mensch v. Pollard, Superior Ct., Whatcom Co., Washington, No. 93-2-01427-5, oral decision dated Sept. 9, 1998.

Shahzade v. Gregory, U.S. Dist. Ct., Massachusetts, No. 92-12139-EFH.

State of New Hampshire v. Hungerford, 1995 WL 378571 (N.H.Super., May 23, 1995), aff'd State v. Hungerford, 697 A.2d 916 (N.H., 1997).

State of New Hampshire v. Walters, Superior Ct., Hillsborough, New Hampshire, No. 93-S-2111, -2112, reversed by State of New Hampshire v. Walters, 698 A.2d 1244 (N.H., 1997).

State of Rhode Island v. Quattrocchi, Superior Court, Rhode Island, No. P1/92-3759A, April 26, 1999; following State of Rhode Island v. Quattrocchi, 681 A.2d 879 (R.I., 1996).

All of the above courts, except two, ruled that expert evidence based on "repressed memory" has not been proven reliable and should not be received at trial. One of the two minority rulings, Walters, was reversed by the New Hampshire Supreme Court. An analysis of the reasoning in the other, Shahzade, shows that the district court ruling so narrowly defined the "relevant scientific community" that it omitted all relevant research areas and included only clinicians treating trauma victims.[24] Rulings for all of these cases, as well as other related court documents are available from the FMSF Brief Bank.

24. The danger of too narrowly defining the "relevant scientific community" is warned against by the U.S. Supreme Court in Kumho Tire Co. v. Carmichael, U.S. Supr Ct, No. 97-1709, decided March 23, 1999, when that court noted that general acceptance within disciplines such as astrology or necromancy would not render the principles associated with those disciplines reliable.

Louisiana Court Affirms Dismissal of Delayed-File Case Steele v. Steele, 1999 La.App. LEXIS 546, dated March 10, 1999.

A Louisiana court of appeals affirmed dismissal of a suit filed by a man, age 36, against his father and brother for alleged childhood sexual abuse from age 2 to 17. The plaintiff acknowledged that this is not a case of "repressed" or "recovered memory." He claims instead that he suffered from PTSD which prevented him from appreciating the damages caused by the sexual abuse. Under the circumstances, the majority held, the claim was time barred.

The dissenting judge interpreted the plaintiff's claim in a novel way—as a sort of "emotional disassociation." The dissent concluded that although plaintiff remembered the events, they had no emotional effect on him and constituted "legal repression." The dissent stated that the statute of limitations should be tolled until "the emotional impact returned" to the plaintiff. The remainder of the dissenting opinion tried to grapple with the problem of allowing the plaintiff to subjectively determine how the limitations period should be applied: "It would be impossible for plaintiff to prove...how long he did not have the emotional impact...Also, it is unclear when enough emotional impact returned to him to trigger prescription."



Massachusetts Supreme Judicial Court to Hear Amirault Case Again

In a last-ditch effort to save a sex abuse case that sent three people to prison in the 1980's based only on the sensational testimony of young children, prosecutors asked Massachusetts's highest court to deny Cheryl Amirault LeFave a new trial. On May 6, 1999 prosecutors also asked the court to reinstate the testimony of children who said Amirault LeFave raped and molested them at her family day care center.

Last year, Superior Court Judge Isaac Borenstein issued two decisions in the case, one ordering a new trial, and the second invalidating most of the children's testimony because he found it was tainted by the suggestive questioning methods used in repeated interviews of the children. Saying that justice was not served, Borenstein also dismissed convictions against LeFave's mother Violet Amirault, who died at age 74 in September 1997. LeFave's brother, Gerald Amirault, remains in prison with no active appeal.

Prosecutors maintain that the children's stories are still credible. Because there was never any physical evidence in the case, prosecutors have also said that without the testimony there is no case against LeFave.



MPD Misdiagnosis

After seeing all the recent television coverage on MPD, I felt many fear alarms inside me. The fear comes from knowing what lies ahead for those still trapped in the deception and who may remain misinformed. It is hard for me to see doctors and the media still romanticizing MPD, as if the mind is a toy for them to play with. Repeatedly, the personalities and recovered memories are accepted without question. The message is that MPD is good, it's always real, and it's always caused by childhood trauma.

Indeed, it can be magical. But I did not ask for magicians to help me. I did not ask for my life to become good drama, good entertainment. I left this type of therapy without any benefit, and I know there is much more that isn't being told.

When I look back at my MPD misdiagnosis, the only truly "multiple" aspects were the suicide attempts, the deceptions and the despair. It upsets me that people don't understand and are not informed about the trauma of coping with the effects of bad therapy.

People don't seem to realize how much it can effect someone to have all those records and a history of so much misinformation. The records don't ever say "possible, alleged." They say MPD, SRA, over and over again. There are no statements saying "probable, controversial, experimental."

People get caught up in the fascination of MPD but have no idea how damaging it can be. They think it's intriguing how the mind can do that, as if it's always real, like it's so cool and must have been fun. But it's not. It's not fun at all.

I know because I got caught up in believing it was supposed to be a great gift to survive. But that's all there was. The fascination grew old quickly. The

rest was terror—not being sure who you are anymore. Living that way was not fun or fascinating at all.

It's not fun when your therapist constantly changes the subject or won't talk to you unless you give her the name of the alter who's talking. It's not fun when your therapist treats you like nothing you say is important unless you can tell her "who's out." It's not fun to tell her nobody is out and then get labeled with another alter named "Nobody." It's not fun when nothing you say is important unless so-and-so is talking. It's not fun constantly trying to figure out who might be talking or trying to figure out a name before you can even talk. It's not fun when who's "out" becomes more important than what you are trying to say!

It's not fun when your therapist spends five minutes talking to you and the rest of the hours talking with every alter she can. And it's certainly no fun being too afraid to say anything because you don't know who you are supposed to be. Then you end up just sitting there in great pain and confusion, having to listen to your therapist's speeches over and over telling you how you feel, or should feel, all the time. No, it's not fun and no one should ever be used as anyone's amusement.

A Daughter of Good Parents



Trauma

I recently read that psychiatrist David Spiegel, M.D., a trauma specialist who chaired the team that wrote the section on Dissociation in the DSM-IV, said that "his study of traumatic stress includes research papers on several natural disasters, including the 1989 Loma Prieta earthquake in the San Francisco Bay Area."

My husband and I experienced that catastrophe and I can say with confidence that the shock was not even close to the one we lived through when our daughters recovered "memories" with a therapist. Our daughters claimed

that they remembered sexual molestation starting in early infancy.

Dr. Spiegel should study our group of individuals who not only have been falsely accused but who have also lost their children. He would get a glimpse of what trauma-generated stress is really like.



A Mom

New Zealand

I see on page 3 of your April/May Newsletter the comments about New Zealand group COSA National being closed. The article seems to give an impression that we will be left with only "support groups". I would like to clarify this for you and your readers.

We presently have three separate Incorporated Societies, the head being COSA National, the other two being Incorporated Branches in Auckland and Canterbury. We are closing only the national body on 30 June, but continuing on with the two Branches. The Branches will re-organise to become separate entities in their own right. COSA South (formerly the Canterbury Branch) will cater for needs in the South Island, while COSA North (formerly the Auckland Branch) will cater for the North Island.

I will be moving from the position of National Secretary to become Secretary for COSA North and will spearhead that operation. We will continue with "business as usual" from that new base. In effect, the two re-constituted groups will replace some of the work done by COSA National, but in a more localised sense.

Dr. Goodyear-Smith is quite right in saying that two of our three main COSA National objectives have largely been met. However, there is an ongoing workload to handle. Much of the current and future work seems to be in the area of picking up the aftermath of the problem, giving support and advice to members, and adjusting to the decreasing numbers of new cases (now few and far between!)

Your Newsletter is widely used and

well-received in New Zealand. I intend to continue to distribute it. Please keep me on your list as your New Zealand point of contact.

Sincerely, Colleen Waugh

The Dedication

"Bill" and "Lynette" attend the FMS support group meetings regularly each month. Their devastation took place 7 years ago. Their daughter "Carolyn" has a Ph.D. and is teaching at a University where she is doing well and receiving teaching honors. "It" began during counseling: After months of therapy – she accused her father.

This family was very close. Carolyn had named one of her sons after her dad, Bill. When therapy had put its hooks into her memory, she legally changed her son's name so there would be no trace of the grandfather in their home. You could have cut Bill's heart out and it wouldn't have hurt as much.

Now, five years later, Carolyn is no longer in therapy. When the family first got together the daughter indicated that nothing was to be said about what had happened. That request has been honored. Things started moving in a positive direction and Carolyn started letting her children stay overnight with the grandparents.

Now, two years later, Carolyn and her parents are in regular contact, at least 3 or 4 times a week. On one "thank you" note from Carolyn, she wrote she was sorry she had hurt the parents and that she had not meant to.

At one point, the parents had thought they would never see her, or her children again. This turnabout is a miracle of answered prayer!

Nothing has ever been discussed, nor does the father expect it to be discussed. He feels she went through a "hell" of her own which was as bad as the one the parents went through. It was not her fault and what advantage would there be to have her relive those

horrible experiences?

Actions speak louder than words. Carolyn has written several books. She sent a copy of one of those books to Bill. A book mark was inserted at the page which had the dedication. It reads, "Dedication to..... and my dad." Then she handwrote on the page, "Thank you for your endless patience and love. I'm so glad you're my dad. Love Carolyn, 2/99."

Bill says, "I am so very proud of her, why is discussion necessary, when she expresses such love and respect?"

Tom Rutherford

No Derailment

After 7 1/2 years of no word at all from our daughter and not knowing where she was and if she was alive or dead, we received a short note from her last October (1998). She said she had a religious experience and had "forgiveness" us.

We were more than happy to know that she was alive and did "forgive" us. We don't demand recanting for two reasons: first, my husband and I (and the rest of our children, family and friends) know that no abuse, sexual or otherwise, ever took place. Second, we do not wish to derail this contact.

It is enough for us that we have had contact. We responded to her note and she has written to us two more very short notes. I hope that we can keep in touch.

Ultimately, we hope for a complete reconciliation. As for now, after many years of no contact, we are happy.

Mom and Dad

Moral Patricide

Let it be known especially to mental health professionals that the character assassinations of a father and mother constitute moral patricide and matricide and are hate crimes not any less horrendous than lynchings. The advantage of lynchings was and is their rela-

tively short duration, culminating in the termination of all pain. The excruciating effects of character assassination and the loss of one's child can last for years and decades.

A Dad

After Five Years

We have had contact with our daughter for almost five years now, after we had not seen her for the previous five years. She had not really recanted in that time. It was only this last weekend that she told us she was sorry for the grief our family has suffered because of her. We are grateful.

A Grateful Mom and Dad

Distancing

What you wrote in the January newsletter about not getting lots of calls from sad and distraught parents this past Christmas was interesting to me. I was very proud of myself for getting through Christmas so well this year, but then in late January or early February it hit me for awhile. The grief is always there even though one does distance oneself to some degree.

A Mom

Wills

We have several children and two of them accused us. We rewrote our wills at that time. Now one of the children has returned and retracted and we rewrote our wills again to include her and her family. Although the other child has returned, she has not retracted and she is not included in the will, nor are her children. Trusts for the grandchildren were cancelled since the therapist had seen them too, and we expected we would never see them again. One can ask, "Why punish the grandchildren?" We say, "Why leave money to someone who has been trained to hate you?"

A Mom and Dad

My Friend Rudy

Deborah David, California Retractor

My friend Rudy Laubscher died alone a few weeks ago. He wasn't one to complain and I never knew he'd been sick and in the hospital. I first met him in the fall of 1993 at a gathering of falsely accused parents here in Sacramento. I'd been asked to come and talk to the group. It was the first group I spoke to and I was nervous. During a break Rudy came and introduced himself to me, bringing me cookies and juice. He was a tall man, a truck driver by profession. Once he'd been married and had four children, three sons and a daughter. He informed me he hadn't seen any of them since he'd been accused four years previously (1989). All four of his children were professionals, one son a biologist, one a pilot, one an engineer and the accusing daughter a doctor. While Rudy was a truck driver he put those four children through college, supported them, advised them and loved them, but never pushed them. He had told me he taught them to think for themselves, or so he thought. Rudy was smart, intelligent, and educated in his own right. He read a lot and researched often at the law library and the medical library at Davis University. He had raised his children in Ohio and moved to California recently.

By early 1994 Rudy was part of my family. He was a support to us in the lawsuit against my ex-therapists, lending an ear to talk to, offering advice and most of all having us laugh in the face of the evil that had touched all our lives. I learned his daughter was a doctor and that during her residence program she became overly stressed, therefore seeking out the help of a therapist. There she came to believe her dad molested her and thus the reason she was having so much trouble with going through the residence program. Rudy tried everything he could to talk and to find some way to get through to his daughter, but she never spoke to him again. That would be ten years as of now.

The boys all supported their sister, saying that if she says it is true it must be and like her would not speak to him. Rudy related how the children were close in age and had always been close as children and he'd say that he understood how the boys would stand by their little sister. But I could see the faraway look of hurt in his eyes as he talked of them.

Rudy's wife left him, perhaps not so much because she believed the accusations, he'd say, but because if she stayed she would lose all contact with her children and her grandchildren. He says he understood a mother's connection to her children and again I'd see the hurt in his eyes. But the deep wounds didn't keep Rudy from loving, caring about and supporting others and most of all it didn't kill his sense of humor and his love of life.

A couple years ago he came down with kidney disease, and had a shunt put in so that he could do his own dialysis

each night. He wanted it that way so he could have the freedom to ride his bike, and to continue working the new job with the California Department of Transportation, where he was working full time. Rudy died on April 27, 1999 from an infection that couldn't be controlled.

Rudy could always make me smile and laugh. His sense of humor was extraordinary, light and fun. How I am going to miss that smile of his, the way he'd brighten up a room with it. How I wonder what his children think now, do they have regrets? Do they recall the times as a family when they were growing up and things were fun? Does his daughter recall how dad sent her cooked turkey, having it trucked to her door while she was away at college? Do they recall all the times Rudy tried to get them to talk to him, by letter, by post cards, by mediation (just last year) and always how they turned him down, refusing to talk with him, refusing to listen to anyone else or meet with anyone else to discuss the issue? Do they lie awake at night and remember their dad, strong, supportive, funny, caring and loving, or have they so completely dismissed reality that all they hold is the hate, anger, and beliefs they have been taught from the therapists?

Now they no longer have to worry about what he wanted to say to them, and sadly, oh so sadly, they will never know either. Do they realize how much he loved them, even in the face of the hurt they were causing him? Don't they know how much he lost and that they lost to something that never happened in the first place?

He'd told me recently that he'd given up trying to get through to them, that they were all educated people but as such had given up thinking rationally and looking at all sides of an issue before making a judgment. He recognized that they been brainwashed. Even his ex-wife who because of the belief "that if the daughter is abused the mother was too" went into therapy and guess what, had her own visualizations of being sexually abused. Rudy told me he knew full well his wife had not been sexually abused. Yet she holds to it, as does their daughter.

A family was once here, and with it was an extended family. They worked together, they supported and loved each other, they had dreams and a future. Then it was all stolen away by an unproven theory and by therapists who think everyone who comes through their doors with a problem is a sexual abuse victim who hasn't remembered or even knows that she/he is one. Thus destroying another family unit.

I mourn the loss of my friend, my dear friend Rudy Laubscher. I can only hope that someday his family does too.

Editor's Note: While this letter names just one person, it sadly reflects the experience of far too many FMSF families. How tragic for the accusers who will never be able to make amends. How tragic that so few professionals made an effort to help families reconcile.

Thank You

After a confrontational meeting with our daughter and her therapist in 1990, she proceeded to withdraw from any contact with us or her sister. For the next 8 years we had no contact with her and she forbade us to have contact with our granddaughters. But in July of 1998, she drove up to our house and what a glorious time we had! She had read a book written by a man who had been accused falsely and she suddenly questioned her whole nightmare experience. She came to recognize that the "memories" she had recovered through the therapist's techniques were false. As she came home, she told us that she had talked on the phone with Janet in the FMSF office. What a joy it was to share with our daughter the wonderful role that the information and support from the Foundation had played in our lives these past years. We are most grateful.

A Mom and Dad



Angel

When Roger and I reached out to other families accused of horrible acts of violence against their adult children in 1989-90, a small white ball of fuzz named Angel was always included in our appearances on all our television interviews.

On March 23, 1999, our beloved Angel passed away of an apparent heart attack at the age of "almost" 15 years.

She was our life, our child, our best friend and a part of our hearts when we were with her. She never doubted, never questioned, never accused, never turned away from us. She loved us unconditionally.

We wish to publicly thank her for honoring us with her love.

Sadly,
Roger and Liz



M A K E



D I F F E R E N C E

I am a volunteer State Contact for the FMS Foundation, and as such my name and number are listed in the Newsletter. I was recently contacted by a member of a local group who was looking for a speaker for an upcoming monthly meeting. He asked if I would speak to the group on false memory syndrome. I am far from being a public speaker, but I thought it would be a good chance to spread the word about the harm that can come to families as a result of recovered memory therapy. I called the Foundation for some help, and I was told that they have information available for local talks. They provided me with suggestions, background information, two videos, articles and handouts. That information, along with the telling of my own story of a false accusation, made an enlightening presentation (or so I was told afterwards by many in the audience!)

I urge our members to reach out and contact local groups such as Kiwanis, Chamber of Commerce, Skeptics, Junior League, AARP, medical auxiliaries, etc. about speaking at an upcoming meeting.

Two Powerful (but Questionable) Ideas Often Embedded in Clinical Literature

The notion of an implicit memory that acts as a virtual recorder for the sights, sounds, and sensations of early trauma provides an engine that may trigger and steer a search for past trauma. This notion, however, is misleading. Nowhere is there attached to the various habits, routines, and repetitive twitches of our lives a label that identifies them as responses to discrete past events. Moreover, implicit memory, if that is indeed what these responses represent, by definition contains no reflections of its origins. Consequently, one may err twice—once, in assigning to any piece of repetitive behaviour or reaction the potential label of implicit memory; and twice, in thinking that the origins of an implicit memory can be found with any reliability. We may then search where nothing is to be found and in the process create what we have been looking for.

To appear: *International Journal of Psychoanalysis*, Review of "Remembering Trauma: A Psychotherapist's Guide to Memory and Illusion" by Phil Mollon, Wiley,

The pairing of dissociation with trauma is ... a misleading view of the evidence. While we can demonstrate a relationship between trauma and dissociation, that relationship is not nearly as close or predictable as is needed for clinical inference. The vast majority of individuals with a penchant for dissociation—the ability to segment consciousness and be totally absorbed in stimuli—have no prior experience of trauma, and therefore the prior existence of trauma cannot be inferred from dissociative tendencies. More troubling, however, is the fact that all of these individuals are exquisitely suggestible and may readily intuit the unspoken biases and theoretical expectations of important others, like therapists. ... [A]rmed with a belief in the connection between dissociative states and trauma, we may create what we are looking for.

C. Brooks Brenneis

To appear: *International Journal of Psychoanalysis*, Review of "Remembering Trauma: A Psychotherapist's Guide to Memory and Illusion" by Phil Mollon, Wiley,

1998.

A Positive Link

Our daughter re-joined our family last summer after six and a half years. We cannot say what precipitated the change of heart, but we feel our persistent efforts to keep communication open may have contributed. Her father's illness may have also been a factor, but the initial gathering was prior to his stroke in September. That sad time seemed to hasten her need to bring us all together.

Our daughter and her husband have never mentioned the "subject;" instead, like so many parents' stories we have read in the newsletters, they chose to return with no referral to the many years of pain and absence.

Perhaps our stance of never 'closing the door' was part of it; but then I realize how many daughters closed their doors completely on their parents. The passage of time allows them to harden, though, if they are never petitioned to relent, never faced with the cards, letters, videos for the children which keep good memories alive.

The bringing about of false memories is indeed a tragedy for parents; but the suffering of young women (primarily) must be looked at squarely as a collapse of the mental health systems, when, as needy patients seeking help, our daughters were denied healthy answers to their problems. This fact alone was what guided me as a mother to overlook all other advice in whether or not we would try to reconcile.

Each situation is different and when families have been sued (and worse), it may vary as to what they can bear; for us, it was more important to accept—unquestioningly—their wish to return, and wait for explanations later. Or perhaps never. Their pain at being outside the circle can only be guessed at; their children's questions, unanswerable. But we, as parents, owe them the steadfastness of our positions in maintaining our innocence, and the willingness to welcome them when they recovered.

The other solid factor in our families during those bleak years was the unblinking loyalty of our daughter's mother-in-law; she was the positive link between us and them, our unswerving ally during the darkest moments, not against them, but simply for the truth. Our goals were one: to bring our children and their children, back to the larger family.

My husband is recovering, and with the children in his life again, there is much to be grateful for. I still pray for the families who are separated, and urge them to never give up trying to make contact; the need for family support is even more important now than when this all began. The Foundation is still a much needed source of information; our thanks are ongoing for its role in keeping us informed and in hope.

A Mother

FREUD'S FRAUDULENT STORIES OF SEDUCTION

According to psychoanalytic history many of Freud's women patients in the 1890s reported having been "seduced" by their fathers, and his recognition that most of these reports were fantasies led to the momentous discovery of infantile fantasies—Oedipal desires and all the rest. Not so, says Jeffrey Masson: Freud's change of mind about the reports of childhood sexual abuse was a disreputable betrayal of his abused female patients. But the evidence of the original documents reveals that both accounts are wrong: it was Freud himself who insisted that the patients had been sexually molested in infancy in the face of the disbelief of his patients.

If you want to separate fact from fiction, visit the

Seduction Theory web site:

<http://www.shf.ac.uk/uni/projects/gpp/aesterson.html>

Hold this date
Sunday October 3, 1999
Annual Meeting of
Illinois FMS Society

Exploring the Internet

A new web site of interest to FMSF
Newsletter readers:

<http://www.StopBadTherapy.com>

Useful information on this site
includes:

- Phone numbers of professional regulatory boards in all 50 states.
- Links for e-mailing:
 - American Psychiatric Association
 - American Psychological Association
 - American Medical Association
 - National Association of Social Workers.
- Lists of online and printed resources: links, articles, books, videos.
- Ideas for taking action.
- Retractor stories from *Victims of Memory*.

<http://www.FMSFonline.org>
is the address of the website
that FMSF is developing.
All past newsletters are now
available here.

(The site now has transcripts of
many of the therapy session tapes
presented in evidence at the trial of
U.S. A v Peterson et al)

Are you on E-mail?
If we don't have your
e-mail address,
please send it to
vfling@aol.com

ESTATE PLANNING

If you have questions about how to
include the FMSF in your estate
planning, contact Charles Caviness
800-289-9060. (Available 9:00 AM
to 5:00 PM Pacific time.)

CONTACTS & MEETINGS - UNITED STATES

ALASKA

Kathleen (907) 337-7821

ARIZONA

Barbara (602) 924-0975;
854-0404 (fax)

ARKANSAS

Little Rock

Al & Lela (870) 363-4368

CALIFORNIA

Sacramento

Joanne & Gerald (916) 933-3655 or
San Francisco & North Bay - (bi-MO)
Gideon (415) 389-0254 or
Charles 984-6626(am); 435-9618(pm)

East Bay Area

Judy (925) 376-8221

South Bay Area -

Jack & Pat (831) 425-1430

Central Coast

Carole (805) 967-8058

Central Orange County -

Chris & Alan (949) 733-2925

Orange County

Jerry and Eileen (909) 659-9636

Covina Area - 1st Mon. (quarterly) @7:30pm

Floyd & Libby (626) 330-2321

San Diego Area

Dee (760) 941-4816

COLORADO

Colorado Springs

Doris (719) 488-9738

CONNECTICUT

S. New England -

Earl (203) 329-8365 or

Paul (203) 458-9173

FLORIDA

Dade/Broward

Madeline (954) 966-4FMS

Boca/Delray - 2nd & 4th Thurs (MO) @1pm

Helen (407) 498-8684

Central Florida - Please call for mtg. time

John & Nancy (352) 750-5446

Tampa Bay Area

Bob & Janet (727) 856-7091

GEORGIA

Atlanta

Wally & Jill (770) 971-8917

HAWAII

Carolyn (808) 261-5716

ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen (847) 985-7693 or

Liz & Roger (847) 827-1056

Peoria

Bryant & Lynn (309) 674-2767

INDIANA

Indiana Assn. for Responsible Mental Health Practices

Nikki (317) 471-0922; fax (317) 334-9839

Pat (219) 482-2847

IOWA

Des Moines - 2nd Sat. (MO) @11:30am Lunch

Betty & Gayle (515) 270-6976

KANSAS

Wichita - Meeting as called

Pat (785) 738-4840

KENTUCKY

Louisville - Last Sun. (MO) @ 2pm

Bob (502) 367-1838

LOUISIANA

Francine (318) 457-2022

MAINE

Bangor

Irvine & Arlene (207) 942-8473

Freeport - 4th Sun. (MO)

Carolyn (207) 364-8891

MARYLAND

Ellicott City Area

Margie (410) 750-8694

MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank (978) 263-9795

MICHIGAN

Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill & Marge (616) 383-0382

Greater Detroit Area -

Nancy (248) 642-8077

Ann Arbor

Martha (734) 439-8119

MINNESOTA

Terry & Collette (507) 642-3630

Dan & Joan (651) 631-2247

MISSOURI

Kansas City - Meeting as called

Pat (785) 738-4840

St. Louis Area - call for meeting time

Karen (314) 432-8789

Springfield - 4th Sat. (MO) @12:30pm

Tom (417) 883-8617

Roxie (417) 781-2058

MONTANA

Lee & Avone (406) 443-3189

NEW JERSEY (SO.)

See Wayne, PA

NEW MEXICO

Albuquerque - 2nd Sat. (MO) @1 pm

Southwest Room - Presbyterian Hospital

Maggie (505) 662-7521(after 6:30pm) or

Sy (505) 758-0726

NEW YORK

Westchester, Rockland, etc. -

Barbara (914) 761-3627

Upstate/Albany Area -

Elaine (518) 399-5749

NORTH CAROLINA

Susan (704) 538-7202

OHIO

Cincinnati

Bob (513) 541-0816 or (513) 541-5272

Cleveland

Bob & Carole (440) 888-7963

OKLAHOMA

Oklahoma City

Dee (405) 942-0531 or

HJ (405) 755-3816

PENNSYLVANIA

Harrisburg

Paul & Betty (717) 691-7660

Pittsburgh

Rick & Renee (412) 563-5509

Monroeville

John (717) 278-2040

Wayne (includes S. NJ)

Jim & Jo (610) 783-0396

TENNESSEE

Nashville

Wed. (MO) @1pm

Kate (615) 665-1160

TEXAS

Houston

Jo or Beverly (713) 464-8970

El Paso

Mary Lou (915) 591-0271

UTAH

Keith (801) 467-0669

VERMONT

Judith (802) 229-5154

VIRGINIA

Sue (703) 273-2343

WEST VIRGINIA

Pat (304) 291-6448

WISCONSIN

Katie & Leo (414) 476-0285 or

Susanne & John (608) 427-3686

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA

Vancouver & Mainland

Ruth (604) 925-1539

Victoria & Vancouver Island - 3rd Tues. (MO)

@7:30pm

John (250) 721-3219

MANITOBA, CANADA

Winnipeg

Joan (204) 284-0118

ONTARIO, CANADA

London - 2nd Sun. (bi-MO)

Adrian (519) 471-6338

Ottawa

Eileen (613) 836-3294

Toronto /N. York

Pat (416) 444-9078

Warkworth

Ethel (705) 924-2546

Burlington

Ken & Marina (905) 637-6030

Sudbury

Paula (705) 692-0600

QUEBEC, CANADA

Montreal

Alain (514) 335-0863

St. André Est.

Mavis (450) 537-8187

AUSTRALIA

Mike 0754-841-348; Fax 0754-841-051

ISRAEL

FMS ASSOCIATION fax-(972) 2-625-9282

NETHERLANDS

Task Force FMS of Werkgroep Fictieve

Herinneringen

Anna (31) 20-693-5692

NEW ZEALAND

Colleen (09) 416-7443

SWEDEN

Ake Moller FAX (48) 431-217-90

UNITED KINGDOM

The British False Memory Society

Madeline (44) 1225 868-682

Deadline for the JULY/AUGUST Newsletter is JUNE 15. Meeting notices MUST be in writing and should be sent no later than two months prior to the meeting.

Copyright © 1999 by the FMS Foundation

3401 Market Street, Suite 130
Philadelphia, PA 19104-3315
Phone 215-387-1865
Fax 215-387-1917
ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

June 1, 1999

Aaron T. Beck, M.D., D.M.S., University of Pennsylvania, Philadelphia, PA; **Terence W. Campbell, Ph.D.**, Clinical and Forensic Psychology, Sterling Heights, MI; **Rosalind Cartwright, Ph.D.**, Rush Presbyterian St. Lukes Medical Center, Chicago, IL; **Jean Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Loren Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Frederick C. Crews, Ph.D.**, University of California, Berkeley, CA; **Robyn M. Dawes, Ph.D.**, Carnegie Mellon University, Pittsburgh, PA; **David F. Dinges, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Henry C. Ellis, Ph.D.**, University of New Mexico, Albuquerque, NM; **Fred H. Frankel, MBChB, DPM**, Harvard University Medical School; **George K. Ganaway, M.D.**, Emory University of Medicine, Atlanta, GA; **Martin Gardner, Author**, Hendersonville, NC; **Rochel Gelman, Ph.D.**, University of California, Los Angeles, CA; **Henry Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Lila Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Richard Green, M.D., J.D.**, Charing Cross Hospital, London; **David A. Halperin, M.D.**, Mount Sinai School of Medicine, New York, NY; **Ernest Hilgard, Ph.D.**, Stanford University, Palo Alto, CA; **John Hochman, M.D.**, UCLA Medical School, Los Angeles, CA; **David S. Holmes, Ph.D.**, University of Kansas, Lawrence, KS; **Philip S. Holzman, Ph.D.**, Harvard University, Cambridge, MA; **Robert A. Karlin, Ph.D.**, Rutgers University, New Brunswick, NJ; **Harold Lief, M.D.**, University of Pennsylvania, Philadelphia, PA; **Elizabeth Loftus, Ph.D.**, University of Washington, Seattle, WA; **Susan L. McElroy, M.D.**, University of Cincinnati, Cincinnati, OH; **Paul McHugh, M.D.**, Johns Hopkins University, Baltimore, MD; **Harold Merskey, D.M.**, University of Western Ontario, London, Canada; **Spencer Harris Morfit, Author**, Westford, MA; **Ulric Neisser, Ph.D.**, Cornell University, Ithaca, NY; **Richard Ofshe, Ph.D.**, University of California, Berkeley, CA; **Emily Carota Orne, B.A.**, University of Pennsylvania, Philadelphia, PA; **Martin Orne, M.D., Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Loren Pankratz, Ph.D.**, Oregon Health Sciences University, Portland, OR; **Campbell Perry, Ph.D.**, Concordia University, Montreal, Canada; **Michael A. Persinger, Ph.D.**, Laurentian University, Ontario, Canada; **August T. Piper, Jr., M.D.**, Seattle, WA; **Harrison Pope, Jr., M.D.**, Harvard Medical School, Boston, MA; **James Randi, Author and Magician**, Plantation, FL; **Henry L. Roediger, III, Ph.D.**, Washington University, St. Louis, MO; **Carolyn Saari, Ph.D.**, Loyola University, Chicago, IL; **Theodore Sarbin, Ph.D.**, University of California, Santa Cruz, CA; **Thomas A. Sebeok, Ph.D.**, Indiana University, Bloomington, IN; **Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M.**, Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; **Margaret Singer, Ph.D.**, University of California, Berkeley, CA; **Ralph Slovenko, J.D., Ph.D.**, Wayne State University Law School, Detroit, MI; **Donald Spence, Ph.D.**, Robert Wood Johnson Medical Center, Piscataway, NJ; **Jeffrey Victor, Ph.D.**, Jamestown Community College, Jamestown, NY; **Hollida Wakefield, M.A.**, Institute of Psychological Therapies, Northfield, MN; **Charles A. Weaver, III, Ph.D.**, Baylor University, Waco, TX

Do you have access to e-mail? Send a message to

pjf@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The False Memory Syndrome Foundation is a qualified 501(c)(3) corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 8 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1999 subscription rates: USA: 1 year \$30, Student \$15; Canada: 1 year \$35, Student \$20 (in U.S. dollars); Foreign: 1 year \$40, Student \$20. (Identification required for student rates.)

Yearly FMSF Membership Information

Professional - Includes Newsletter \$125_____
Family - Includes Newsletter \$100_____
Additional Contribution: \$_____

PLEASE FILL OUT ALL INFORMATION—PLEASE PRINT

___ Visa: Card # & exp. date: _____
___ Discover: Card # & exp. date: _____
___ Mastercard: # & exp. date: _____
___ Check or Money Order: Payable to FMS Foundation in U.S. dollars

Signature: _____

Name: _____

Address: _____

State, ZIP (+4) _____

Country: _____

Phone: (_____) _____

Fax: (_____) _____

FORWARDING SERVICE REQUESTED.

Mail Order To:
 FMSF Video
 Rt. 1 Box 510
 Burkeville, TX 75932

FMS FOUNDATION
VIDEO TAPE ORDER FORM
 for *"When Memories Lie.....*
The Rutherford Family Speaks to Families"

DATE: / /

Ordered By:

Ship To:

Please type or print information:

QUANTITY	TAPE #	DESCRIPTION	UNIT PRICE	AMOUNT
	444	The Rutherford Family Speaks to Families	10.00	
SUBTOTAL				
ADDITIONAL CONTRIBUTION				
TOTAL DUE				

U.S. Shipping & packaging charges are included in the price of the video.

Foreign Shipping and packaging

Canada \$4.00 per tape

All other
 countries \$10.00 per tape

Allow two to three weeks for delivery. Make all checks payable to: FMS Foundation
 If you have any questions concerning this order, call: Benton, 409-565-4480

The tax deductible portion of your contribution is the excess of goods and services provided.

THANK YOU FOR YOUR INTEREST